(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

	tment of the Treasury al Revenue Service					
	d General Information					
1	Name of organization			Employer identification number 56: 1344018		
	North Carolina Hospital Associa	56: 1344018				
2	P.O. Box 4449	ddress (P.O. Box or number, street, and room or suite number)				
	City or town, state, and ZIP code Cary, NC 27519-4449					
3	E-mail address of organization www.ncha.org (connected organization website) or send e-mail to scoker@ncha.org					
4a	Name of custodian of records		odian's address . Box 4449			
÷	Rosalind Harris	Car	y, NC 27519-4449			
5a	Name of contact person		5b Contact person's address P.O. Box 4449 Cary, NC 27519-4449			
	Suzanne L. Coker	-1.11				
6	Business address of organization (if o	lifferent from mailing addre	s shown above). Number, street, and	room or suite number		
	City or town, state, and ZIP code Cary, NC 27513					
Pa	rt II Purpose					
7	Describe the purpose of the organization					
	The North Carolina Hospital As	sociation Political Actio	n Committee - State ("HOSPAC-S	tate") is a political action		
	rt III List of All Related Enti					
8a Name of related entity 8b R		8b Relationship	8c Address			
No	rth Carolina Hospital Association	Connected	P.O. Box 4449			
			Cary, NC 27519-4449			
	D.//					
7	1227 12020					
 -	JUUXUU					

Cat. No. 30405V

Form 8871 (7-2000)		Page 2
		mpensated Employees (see instructions)
9a Name	9b Title	9c Address
Charles T. Frock Board Member	President FirstHealth of	P.O. Box 3000
	the Carolinas	Pinehurst, NC 28374
Philip D. Bagby	President	P.O. Box 1587
Board Member		tal Elizabeth City, NC 27906-1587
Edwin W. Monroe, M.D.	Physician	104 W. Long Meadow Road
Board Member		Greenville, NC 27858
Christopher T. Durrer	President Wilson Memorial	1705 S. Tarboro St.
Board Member	Hospital	Wilson, NC 27893
William A. Pully	President	P.O. Box 4449
Board Member	NCHA	Cary, NC 27519-4449
Suzanne L. Coker	Director of	P.O. Box 4449
Treasurer	Advocacy Program	
		
		Part I is to be treated as an organization described in section 527 of the Interna impanying schedules and statements, and to the best of my know ledge and belief
Sign Signature of authorized of	fficial	Data
Here Signature of authorized of	meiai	Date